

Bureau of Licensure and Certification

PRINTED: 10/17/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2918SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2008
NAME OF PROVIDER OR SUPPLIER HIGHLAND MANOR OF ELKO		STREET ADDRESS, CITY, STATE, ZIP CODE 2850 RUBY VISTA DRIVE ELKO, NV 89801		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as the result of a State licensure survey conducted at your facility from September 29, 2008 through October 3, 2008. The census at the time of the survey was 90. Ten personnel records were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	Z 000	Please accept this plan of correction as this facility's credible allegation of compliance. The submission of the plan does not constitute an admission that the alleged deficiencies did in fact exist. This document is provided as evidence of this facility's desire to comply with regulations.	11/17/08
Z342	NAC 449.74511 Personnel Records - Licenses, TB, Background 3. A current and accurate personnel record for each employee of the facility must be maintained at the facility. The record must include, without limitation: a) Evidence that the employee has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by the employee; b) Such health records as are required by chapter 441A of NAC which include evidence that the employee has had a skin test for tuberculosis in accordance with NAC 441A.375; and c) Documentation that the facility has not received any information that the employee has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188. This Regulation is not met as evidenced by: Based on record review and interview, it was	Z342	Z342 Employee #6 has been fingerprinted. Awaiting results of fingerprints. Employee #8 has been fingerprinted. Awaiting results of fingerprints. All Residents have the potential to be affected. Administrator to audit all new hires within 10 days after hire to assure fingerprints have been taken and sent.	11/17/08

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Laurie M. Hassen
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator
TITLE

11/3/08
(X6) DATE

STATE FORM

EPP311

If continuation sheet 1 of 2

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BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

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Z342	<p>Continued From page 1</p> <p>determined the facility failed to ensure that 2 of 10 employees fingerprints were obtained within 10 days of hire (NRS 449.170) in order to be in compliance with NRS 449.188. (#6 and #8)</p> <p>Findings include:</p> <p>A review of the personnel files of Employees #6 and #8 revealed no evidence of fingerprints or fingerprint clearances.</p> <p>The Human Resources Manager was given the information and produced evidence of fingerprints on 10/3/08. However, the fingerprints had been obtained on 10/2/08. The employees were hired on 8/14/08 and 6/15/08, respectively.</p> <p>Severity 2 Scope 1</p>	Z342	<p>HR director to be in serviced regarding process for obtaining fingerprints of all employees within 10 days after being hired.</p> <p>Administrator to submit audit to monthly QA meetings for 3 months.</p> <p>Administrator to monitor.</p>	

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If continuation sheet 2 of 2

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